

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035564

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

87  
FILED SEP 27 1963

85

VS 300  
Rev. 4/59

1 0281

2 0281

3

4 1

5 0

6

7 0

8 0

9 762.0

10

11

12 1-0

13 4-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sullivan</u>		c. CITY OR TOWN <u>Sullivan</u>	
Length of stay in lb <u>4 days</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sullivan Community Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Sullivan Community Hospital</u>	
3. NAME OF DECEASED (Type or print) First <u>Theresa</u> Middle <u>Marie</u> Last <u>Charboneau</u>		4. DATE OF DEATH Month <u>September</u> Day <u>19</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-15-63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) <u>Sullivan, Missouri</u>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Kenneth Charboneau</u>		13b. MOTHER'S MAIDEN NAME <u>Karen Maxwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT <u>Kenneth Charboneau, Sullivan, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral spastic infantile paralysis</u> DUE TO (b) <u>cerebral anoxia</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>5:00</u> a.m. <u>5:00</u> p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Sullivan, Missouri</u>		COUNTY <u>Sullivan</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>9-15-63</u> to <u>9-19-63</u> and last saw her alive on <u>9-19-63</u> Death occurred at <u>5:00</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Doctor or wife) <u>John J. Dale</u>	
22b. ADDRESS <u>Sullivan, Missouri</u>		22c. DATE SIGNED <u>9-19-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-20-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Ch. Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Tiff, Missouri</u>	
24. FUNERAL DIRECTOR <u>H. M. Eaton</u>		25. DATE RECD. BY LOCAL REG. <u>9-20-63</u>	
26. REGISTRAR'S SIGNATURE <u>Sarah H. Starnes</u>		27. REGISTERED <u>Acting Registrar</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harrison W. Eaton

Licensed Embalmer No. 5266

P. O. Address Sullivan Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.